

## EDITORIAL

In his Malcolm Morris memorial lecture delivered on December 5, 1957, at St. Mary's Hospital, London, King (1958) carefully reviews the present position in England and Wales of the various venereal diseases. Syphilis apart, he finds no evidence to justify the view that venereal infections are "dying diseases". There has been a steady increase in the number of infections with gonorrhoea since 1955, particularly in the larger towns; the figures for the Whitechapel Clinic have risen still further since 1956 and are now not far short of those of the post-war peak in 1946. Non-specific urethritis in the male is a serious problem for which no solution is in sight. There is also evidence to suggest that both lymphogranuloma venereum and granuloma inguinale may be on the increase. Although the control of syphilis is at present satisfactory, the marked decline in early syphilis increases the importance of the problem of biological false-positive reactions to the standard serological tests for syphilis, and makes skilled interpretation of the serological results even more necessary than formerly.

King deplores the tendency not to replace venereologists when posts fall vacant or to use the services of those whose major interest lies elsewhere and whose training and outlook in venereology leave something to be desired. The decline in venereology as a specialty is due only to unwise administrative action based on misconceptions about the incidence and trends of the venereal diseases. This administrative attitude discourages recruitment to the specialty and, although its full effects may not be felt for some years, King warns that "the combination of thriving diseases and the disappearance of those whose special study they are has obvious dangers for the public health".

King also gives a preliminary report of studies by F. R. Curtis and A. E. Wilkinson at the London

Hospital of the emergence of strains of gonococci showing increased resistance to penicillin. This work has been continued and was recently reported to the M.S.S.V.D. The papers presented by Wilkinson and Curtis, together with the discussion which followed, appear in the present issue (pp. 70-82). That this phenomenon is not confined to the larger cities of Britain is suggested by the report of the WHO Seminar on Venereal Diseases held in Tokyo in March (*Lancet*, 1958). These reports of increased resistance to penicillin are of major importance and will influence our thinking on policy for both the epidemiology and the treatment of gonorrhoea. It seems clear that the treatment of the individual case of gonorrhoea will in future become both more difficult and more expensive, and this should encourage fresh efforts to control and prevent gonococcal infection.

The management of venereal diseases in Britain was of necessity originally in the hands of those who devoted themselves mainly to other specialties. This arrangement was not very satisfactory and led to the slow development of an integrated service provided by specialists trained in all aspects of venereology, who appreciated the public health as well as the purely clinical problems of the venereal infections. To those in touch with the reality of the situation, the recent proposals of Vickers (1958), suggesting re-distribution of the work among other specialties, are retrograde and would have disastrous results both for the patient suffering from venereal disease and for the health of the country.

### REFERENCES

- King, A. J. (1958). *Lancet*, **1**, 651.  
*Lancet* (1958). **1**, 899.  
Vickers, H. R. (1958). *Lancet*, **1**, 851.